



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2020
Corporation

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FOR
 SECRETARY OF STATE
 USE ONLY

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2021 DEC 21 PM 4:01

1. Entity ID Number 000547910		2. Exact name of the Corporation MBC CONTRACTING SERVICES INC			
3. Principal Office Address 100 WINSOR AVE			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL CATONE			Vice-President Name SAME		
Street Address 100 WINSOR AVE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL CATONE			Director Name		
Street Address 100 WINSOR AVE			Street Address		
City NORTHKINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <small>This information is currently of record in the Department of State.</small>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
<small>Changes require an additional filing.</small>		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative MICHAEL CATONE				Date 12/20/2021	
Signature of Authorized Representative <i>X Michael Catone</i>					

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MAIL TO:
 Division of Business Services
 48 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov